HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)			
Thomason, Katherine H.	Deputy Comptroller			
	TERM OF OFFICE (Begin/End): 01/06/03 /			

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME		AMOUNT	SERVICES RENDERED	
F	State of Hawaii Dept. of Accounting and General Service 1151 Punchbowl St. Honolulu, HI 96813	ces	Ш	Deputy Comptroller	
SP	Alston, Hunt, Floyd & Ing 1001 Bishop St. American Savings Bank Tower, 18th Fl Honolulu, HI 96813	oor	G	Attorney	
[]Check here if entry is None		[]Check here if additional sheets are attached			

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

he State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.							
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES			
F	Helen Hoffman Gallery LLC 1260 Willow Oaks Dr. W. Jacksonville Beach, FL 32250	Art Reproductions	20%	В			
I 1Check have if entry is Name			I 1Check here if additional sheets are attached				

[]Check here if entry is None []Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer. F.SP. OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE DATE OF DC,JT **PERIOD TRANSFER** [Check here if entry is None []Check here if additional sheets are attached **ITEM 4: CREDITORS** List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods. F.SP. NAME OF CREDITOR **ORIGINAL AMOUNT AMOUNT** DC,JT OWED OUTSTANDING JT Central Pacific Bank Н Н P. O. Box 135010 Honolulu, HI 96801-5010]Check here if entry is None []Check here if additional sheets are attached ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation. NAME AND ADDRESS OF BUSINESS TERM OF OFFICE ANNUAL F.SP. TITLE HELD COMPENSATION DC,JT 2005-2008 SP Aloha Harvest Director None 3599 Wailae Ave., PH Honolulu, HI 96816 Director - Hawaii SP American Judicature Society 2005 None Chapter The Opperman Center at **Drake University** 2700 University Avenue Des Moines, IA 50311

[]Check here if additional sheets are attached

[]Check here if entry is None

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)
List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more.
Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

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F,SP, DC,JT	STREET ADDRESS		TAX MAP KEY NUMBER (IF T MAP KEY NUMBER EXISTS)	AX	VALUE
			·		
[⊬]Chec	k here if entry is None		[]Check here If a	dditlonal	sheets are attached
_ist interes	ITEM 7: INTERESTS IN REAL PROPERTY ACQUISTS in real property in or outside of the State acquired during	JIF ig t	RED, EXCLUDING PERSONA the disclosure period, if the intere	AL RESI	DENCE(S) value of \$10,000 or
nore. Rea	al property that is your personal residence or the personal	res	sidence of your spouse or depen	dent child	ren need not be listed
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)		AMOUNT & NATURE OF CONSIDERATION PAID	RECEIV	OF PERSON VING THE DERATION
[V]Chec	ck here if entry is None		[]Check here if a	dditiona	sheets are attached
Ţ,	TEM 8: INTERESTS IN REAL PROPERTY TRANS	FE	RRED, EXCLUDING PERSO	NAL RE	SIDENCE(S)
List intere	sts in real property in or outside of the State transferred du Real property that was your personal residence or the per-	urir	ng the disclosure period, if the int	erest has	a value of \$10,000
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	- 1	MOUNT & NATURE OF CONSIDERATION RECEIVED	FURNIS	OF PERSON SHING THE DERATION
					-
[1/]Che	eck here if entry is None	L	[]Check here if	addition	al sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts. NAME OF CLIENT NAME OF STATE AGENCY [Check here if entry is None []Check here if additional sheets are attached ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	N/	ATURE OF BUSINESS	NATURE OF INTEREST		VALUE
				STATE OF HAWAII STATE ETHICS COMMISSION	'06 JAN 17 A11:37	
[Check here if entry is None		[]Check here if additional sheets are attached				

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

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